

NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF WAGE AND HOUR COMPLIANCE
PO BOX 389
TRENTON, NEW JERSEY 08625-0389

PLEASE COMPLETE BOTH SIDES OF FORM:

CASE NUMBER:

I request the Commissioner of Labor and Workforce Development to investigate the claim indicated by the information supplied in this complaint form and advise me of the results of the investigation.

PLEASE TYPE OR PRINT LEGIBLY IN COMPLETING THIS FORM IN ITS ENTIRETY.

ACCEPTANCE OF THIS CLAIM BY THE DEPARTMENT DOES NOT GUARANTEE COLLECTION

EMPLOYMENT INFORMATION

| | | | | | |
|---|------------------|-----------|--|------------------|--|
| NAME (LAST) | (FIRST) | (INITIAL) | SOCIAL SECURITY NUMBER | | |
| NUMBER AND STREET ADDRESS | | | TELEPHONE NUMBER (Give Area Code) | | |
| CITY | STATE | ZIP CODE | DAYTIME TELEPHONE NUMBER OR # WHERE MESSAGE CAN BE LEFT | | |
| NAME OF EMPLOYER: | | | | | |
| BUSINESS ADDRESS (NUMBER AND STREET) | | | | | |
| CITY | STATE | ZIP CODE | COUNTY | TELEPHONE NUMBER | |
| EMPLOYER'S HOME ADDRESS (NUMBER AND STREET) | | | | | |
| CITY | STATE | ZIP CODE | COUNTY | TELEPHONE NUMBER | |
| NATURE OF EMPLOYER'S BUSINESS IS: | | | | | |
| NAME OF CORPORATE OFFICERS / OWNER(S): | | | | | |
| Has the employer filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the employer still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you submitted a Proof of Claim to the Bankruptcy Court? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| DATE STARTED TO WORK | DATE LAST WORKED | | IF NO LONGER EMPLOYED, WRITE THE REASON | | |
| MY FINAL RATE OF PAY WAS: GROSS AMOUNT – PER HOUR: \$ | | | PER DAY: \$ | PER WEEK: \$ | |
| I WORKED IN – CITY: | | | COUNTY: | | |
| THE KIND OF WORK I DID & TITLE: | | | | | |
| MY USUAL PAY-DAY WAS: CIRCLE DAY: MON. TUE. WED. THU. FRI. SAT. SUN. | | | | | |
| THE LAST WAGE PAYMENT I RECEIVED WAS: GROSS AMOUNT: \$ | | | | DATE RECEIVED: | |
| THE PERIOD OF TIME COVERED BY SUCH LAST PAYMENT WAS: | | | | | |
| THE TOTAL AMOUNT OF WAGES (BEFORE TAX DEDUCTIONS) WHICH I BELIEVE IS DUE ME IS: \$ | | | | | |
| THE PERIOD OF TIME FOR WHICH WAGES ARE DUE (LIST DATES AND HOURS) | | | | | |

| | |
|---|--|
| WERE YOU A MEMBER OF ANY UNION WHEN EMPLOYED IN THIS FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF "YES", GIVE NAME, LOCAL NO., ADDRESS, ZIP CODE AND TELEPHONE NO. OF UNION |
| HAVE YOU ASKED YOUR UNION FOR ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF "YES", WHAT ACTION HAS THE UNION TAKEN? |
| WERE YOU CLASSIFIED AS AN INDEPENDENT CONTRACTOR BY YOUR EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF "YES", HAVE YOU FILED A COURT ACTION? |
| DO YOU CONSIDER YOURSELF TO HAVE BEEN AN EMPLOYEE AND NOT AN INDEPENDENT CONTRACTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| IN ORDER FOR US TO PROPERLY PROCESS YOUR CLAIM ALL OF THE QUESTIONS LISTED BELOW MUST BE ANSWERED. IF ADDITIONAL SPACE IS REQUIRED ANSWER THE NUMBERED QUESTIONS ON A SEPARATE PIECE OF PAPER AND ATTACH IT TO THIS FORM. | |
| 1. WHAT PUBLIC WORKS PROJECT(S) HAVE YOU WORKED ON WHICH YOU ARE CLAIMING WAGES DUE? | |
| 2. DID YOU KEEP A RECORD OF THE DATES AND TIMES YOU WORKED ON THE ABOVE LISTED PUBLIC WORKS PROJECT(S)? IF SO, PLEASE LIST THOSE SPECIFIC DATES, HOURS AND JOB DUTIES ON EACH PROJECT. | |
| 3. WHAT TIME WERE YOU REQUIRED TO START AND STOP WORK ON THE WORKSITE? WHAT TIME WERE YOU REQUIRED TO REPORT TO WORK? | |
| 4. DESCRIBE YOUR JOB DUTIES. | |

5. DID YOU RECEIVE A LUNCH PERIOD AND/OR BREAKS? IF SO, STATE THE AMOUNT OF TIME.
6. DID YOU WORK WEEKENDS AND/OR HOLIDAYS ON THE PUBLIC WORKS PROJECT(S) LISTED ABOVE? IF SO, PLEASE PROVIDE THE DATES AND RATE OF PAY FOR THIS WORK.
7. ARE YOU AN APPRENTICE WHO IS NOW ENROLLED AND ACTIVELY ATTENDING A VOCATIONAL EDUCATION FACILITY? IF SO, SPECIFY THE NAME OF THE EDUCATIONAL FACILITY YOU ARE ATTENDING, THE CRAFT AND NUMBER OF YEARS YOU HAVE BEEN APPRENTICED.
8. DO YOU RECEIVE ANY BENEFITS? (i.e., VACATION, HOLIDAYS, SICK DAYS, VESTED PENSION OR PROFIT SHARING). IF SO, LIST THE BENEFIT AND THE AMOUNT RECEIVED FOR EACH.
9. WHAT WOULD BE THE BEST TIME AND TELEPHONE NUMBER TO CONTACT YOU AT FOR ADDITIONAL INFORMATION ON YOUR CLAIM?
10. DID YOU WORK ANY HOURS ON A NON-PUBLIC WORKS PROJECT(S) DURING THE SAME TIME PERIOD WHICH YOU ARE CLAIMING WAGES FOR? IF YES, PLEASE LIST THE NON-PUBLIC WORKS PROJECT(S).

SIGNATURE: _____

DATE: _____